

## PART B - FEE(S) TRANSMITTAL

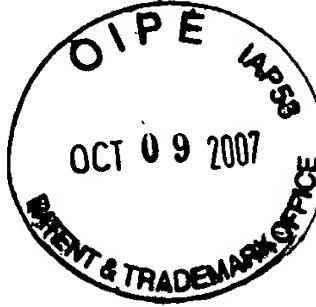
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36736 7590 07/17/2007

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/904,025	07/12/2001	Roberto DeLima	RSW920010098US1	1942

**TITLE OF INVENTION: METHOD AND APPARATUS FOR POLICY-BASED PACKET CLASSIFICATION USING HASHING ALGORITHM**  
**10/10/2007 AWONDAF2 00000046 09904025**

**01 FC:1501 1440.00 DA  
02 FC:1504 300.00 DA**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/17/2007
				10/10/2007 AWONDAF2 00000046 09904025		10/17/2007 25
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JEAN GILLES, JUDE	2143	709-227000		01 FC:1501 1440.00 DA 02 FC:1504 300.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Duke W. Yee  
2 Jerry W. Herndon  
3 Gerald H. Glanzman

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

*International Business  
Machines Corporation*

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

*Armonk, NY*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0461 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Peter B. Manzo*

Date 09-19-07

Typed or printed name

*Peter B. Manzo*

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